

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	75316	8/10/00
O.I.P.E. CLASSIFIER		49	8/16/00
FORMALITY REVIEW		67563	10-17-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/10/00
2	✓	✓	8/10/00
3	✓	✓	8/10/00
4	✓	✓	8/10/00
5	✓	✓	8/10/00
6	✓	✓	8/10/00
7	✓	✓	8/10/00
8	=	=	8/10/00
9	✓	✓	8/10/00
10	✓	✓	8/10/00
11	✓	✓	8/10/00
12	✓	✓	8/10/00
13	✓	✓	8/10/00
14	✓	✓	8/10/00
15	✓	✓	8/10/00
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25	✓	✓	8/10/00
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If more than 150 claims or 10 actions  
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